

EST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET FOR USE WITH FORM PTOS 5						SERIAL NO. 091784159		FILING DATE 2/18/05			
						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1						51			
2			1					52			
3			1					53			
4			1					54			
5			3					55			
6			1					56			
7			2					57			
8		1						58			
9			3					59			
10			3					60			
11			3					61			
12			3					62			
13			3					63			
14			3					64			
15			3					65			
16			3					66			
17		1						67			
18			1					68			
19			1					69			
20			1					70			
21			3					71			
22			1					72			
23			2					73			
24		1						74			
25			3					75			
26			3					76			
27			3					77			
28			3					78			
29		1						79			
30			1					80			
31			1					81			
32			1					82			
33			3					83			
34			1					84			
35			2					85			
36		1						86			
37			3					87			
38			3					88			
39			3					89			
40			3					90			
41			3					91			
42			3					92			
43			3					93			
44			3					94			
45		1						95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.		7						TOTAL IND.			
TOTAL DEP.			87					TOTAL DEP.			
TOTAL CLAIMS			94					TOTAL CLAIMS			